

Fees pursuant to Consolidated Appropriations Act. 2005 (H.R. 4818)  <b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
		Application Number	10/660,219
		Filing Date	September 11, 2003
		First Named Inventor	Singh, Tarunraj
		Examiner Name	Ngo, Chuong D.
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2193
<b>TOTAL AMOUNT OF PAYMENT</b> \$1,030.00		Attorney Docket No.	011520.00325

**METHOD OF PAYMENT (check all that apply)**

- ☐ Check    
 ☐ Credit Card    
 ☐ Money Order    
 ☐ None    
 ☐ Other (please identify): \_\_\_\_\_
- ☒ Deposit Account    
 Deposit Account Number: 08-2442    
 Deposit Account Name: Hodgson Russ LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below    
 ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s)    
 ☒ Credit any overpayments
- under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**     **Extra Claims**     **Fee (\$)**     **Fee Paid (\$)**     **Multiple Dependent Claims**  
 -20 or HP = \_\_\_\_\_ x 25.00 = \$ \_\_\_\_\_  
 HP = highest number of total claims paid for, if greater than 20

**Indep. Claims**     **Extra Claims**     **Fee (\$)**     **Fee Paid (\$)**  
 -3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
 HP = highest number of independent claims paid for, if greater than 3


**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**     **Extra Sheets**     **Number of each additional 50 or fraction thereof**     **Fee (\$)**     **Fee Paid (\$)**  
 28     - 100 = 0 / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

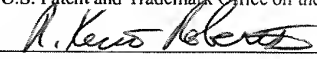
Non-English Specification,     \$130 fee (no small entity discount)  
 Other (e.g., late filing surcharge):     Issue fee - \$700; publication fee - \$300; advance copies - \$30     **Fees Paid (\$)**  
 \_\_\_\_\_  
 \$1,030.00

<b>SUBMITTED BY</b>		
Signature		Registration No. (Attorney/Agent) 40,786     Telephone 716-856-4000
Name (Print/Type)	R. Kent Roberts	Date October 24, 2006

I hereby certify that this correspondence is being electronically transmitted to the U.S. Patent and Trademark Office on the date shown below.

R. Kent Roberts  
 Name

Date: October 24, 2006

  
 Signature